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| SERIAL NUMBER 10/724,121 | FILING OR 371(c) DATE 12/01/2003 RULE MH 7/19/07 | CLASS 606 | GROUP ART UNIT 3761 | ATTORNEY DOCKET NO. 00167-432002 |
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APPLICANTS

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MH 7/19/07

** CONTINUING DATA *****

This application is a CON of 09/986,376 11/08/2001 PAT 6,656,183

MH 7/19/07

** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 03/01/2004

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|---|--|------------------------|----------------------|-------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY MA | SHEETS DRAWING 12 | TOTAL CLAIMS 1 | INDEPENDENT CLAIMS 1 |
| Verified and Acknowledged | | | | | |
| Examiner's Signature _____ Initials _____ | | | | | |

ADDRESS

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TITLE

Tissue repair system

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|------------------------------------|---|---|
| FILING FEE RECEIVED 1370 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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